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Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5 | Date: 3/29/12 | Time: 1430

Location: 1601 Eastlake Avenue | City or Station: Los Angeles 90033

Bureau/Station/Facility: Court Services Division/ East Bureau/ Eastlake | Admin. Investigation: YES ☐ NO ☒

Type of Force: Significant / Control Holds / Possible fracture to right wrist

Deputy Injury : YES ☐ NO ☒ | Suspect Injury YES ☒ NO ☐

☐ Call ☒ Observation ☐ Detail | ☐ Foot Pursuit ☐ Vehicle Pursuit

IAB Notified: YES ☒ NO ☐ | Person Notified: Lt. Ault, Alicia | Emp: [redacted] | IAB Roll Out: YES ☐ NO ☒

Involved Employee

E1

Employee #	Last Name	First Name	Middle Name
[redacted]	Wilson	Antoinette	

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	H	Eastlake Juvenile Court	Department 201

Shift		Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	509	165

☐ Injured ☐ Treated ☐ Admitted Hospital: | Coroner Case #: | Directed Force ☐ Significant Force ☒

E2

Employee #	Last Name	First Name	Middle Name
[redacted]	Anpree	Norman	

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	O	Eastlake Juvenile Court	Lock-up

Shift		Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	602	200

☐ Injured ☐ Treated ☐ Admitted Hospital: | Coroner Case #: | Directed Force ☐ Significant Force ☒

E3

Employee #	Last Name	First Name	Middle Name
[redacted]	Reyes	Yvette	

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	H	Eastlake Juvenile Court	Department 202

Shift		Age	Height	Weight
☐ EM ☒ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	505	175

☐ Injured ☐ Treated ☐ Admitted Hospital: | Coroner Case #: | Directed Force ☐ Significant Force ☒

☒ **Additional Involved Employees**

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	[redacted]	[redacted]		B1	YES ☒ NO ☐	YES ☒ NO ☐
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	Williams	Ronald	S.

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Nutt	Richard	C.

Lieutenant Richard Nutt
Watch Commander (**Print Name**)

LT NUTT
Watch Commander's **Signature**: | [redacted] Emp #: | 5-15-12 Date

Sergeant Ronald Williams
Supervisor Completing Form: (**Print Name**)

[redacted] Emp #: | Copy Provided to Employee by: Sgt. Williams | 196157 Emp #

Anselmo C. Gonzalez
Unit Commander (**Print Name**)

[signature]
Unit Commander's **Signature**: | [redacted] Emp #: | 5/23/12 Date

DISCOVERY Use Only
FO# 2310289

1 - mini DV

Original: Discovery Unit
Copy: Unit Commander

Box #1

SH-R-438P (Rev. 03/12)

Supervisor's Report on Use of Force
SUSPECT INFORMATION
9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

Suspect Information

S 1

Last Name [redacted] First Name [redacted] Middle Name [redacted]

AKA Last Name First Name Middle Name

Sex: ☐ Male ☒ Female | Race: H | Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Work Phone: | Home Phone: [redacted] | Age: 13 | Height: 505 | D.O.B. [redacted] | Weight: 150 | Armed? ☐

Booking #: [redacted] Primary Charge Code: 243(b) P.C. Secondary Charge Code: 148 (a)(1) P.C. Criminal History [redacted]

EMT in attendance? ☒ YES ☐ NO Name: Captain Ponce (L.A.F.D.) Unit: L.A.F.D. #1 Phone #: (213) 485-6201

Hospital Admission? ☐ Rec'd Treatment At: L.A. County USC Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By Doctor: Peabody Address: 1200 N. State Street, L.A. 90033 Phone #: (323) 226-5019

Under Influence: ☐ YES ☒ NO Substance: | 5150 a factor in force ☐ YES ☒ NO User's guide provides direction on this entry

Suspect Interview

Date: 3/29/12 | Time: 1445 | ☐ Audiotape: ☒ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name First Name Middle Name

AKA Last Name First Name Middle Name

Sex: ☐ Male ☐ Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? ☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By Doctor: Address: Phone #:

Under Influence: ☐ YES ☐ NO Substance: | 5150 a factor in force ☐ YES ☐ NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name First Name Middle Name

AKA Last Name First Name Middle Name

Sex: ☐ Male ☐ Female | Race: | Street Address: | City: | State & Zip Code:

Work Phone: | Home Phone: | Age: | Height: | D.O.B. | Weight: | Armed? ☐

Booking #: Primary Charge Code: Secondary Charge Code: Criminal History ☐

EMT in attendance? ☐ YES ☐ NO Name: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By Doctor: Address: Phone #:

Under Influence: ☐ YES ☐ NO Substance: | 5150 a factor in force ☐ YES ☐ NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: ☐ Videotape: ☐ Photos of Injuries: ☐ ADMITS HEARING ANNOUNCEMENTS

☐ Additional Suspects Involved

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.	Street Address	City	Zip Code	Work Ph.	Home Ph.
Epstein	Albert		57	[redacted]	1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8927	
Ramos	Gloria		34	[redacted]	1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8911	
Totten	Robert				1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8911	
Alvarez	Fernando				1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8911	
Govea	Antonio				1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8911	
Nelson	Denise		62	[redacted]	1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8911	
Chang	John		36	[redacted]	1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8917	
Knox	Julia				1601 Eastlake Avenue	Los Angeles	90033	(323) 226-8998	

☐ Additional Witness

Supervisor's Report on Use of Force

9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Deputy Wilson	E#1	SJ/[redacted]	S#1	CT	FR	WR
SJ/[redacted]	S#1	Deputy Wilson	E#1	RS/PO	NN	
Deputy Anpree	E#2	SJ/[redacted]	S#1	CT/RH	FR	WR
SJ/[redacted]	S#1	Deputy Anpree	E#2	RS	NN	
Deputy Lopez	E#4	SJ/[redacted]	S#1	CT/RH	FR	WR
SJ/[redacted]	S#1	Deputy Lopez	E#4	RS	NN	
Deputy Reyes	E#3	SJ/[redacted]	S#1	CT/RH	NN	
SJ/[redacted]	S#1	Deputy Reyes	E#3	RS	NN	
Deputy Anpree	E#2	SJ/[redacted]	S#1	CT	FR	WR
SJ/[redacted]	S#1	Deputy Anpree	E#2	RS	Br	LR
Deputy [redacted]	E#5	SJ/[redacted]	S#1	CT/RH	FR	WR
Deputy [redacted]	E#6	SJ/[redacted]	S#1	CT	FR	WR
SJ/[redacted]	S#1	Deputy [redacted]	E#6	UC	NN	
Deputy Reyes	E#3	SJ/[redacted]	S#1	CT	NN	
SJ/[redacted]	S#1	Deputy Reyes	E#3	UC	NN	

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation
9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

Involved Employee

E 4

Employee #	Last Name	First Name	Middle Name
[redacted]	Lopez	Clark	

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[X] Male [ ] Female	H	Eastlake Juvenile Court	Department 205

Shift:		Age:	Height:	Weight:
[ ] EM [X] Day [ ] PM	[X] Regular Shift [ ] OT Shift [ ] Off Duty	[redacted]	600	175

		Coroner Case #	
[ ] Injured [ ] Treated [ ] Admitted	Hospital: ______		Directed Force [ ] Significant Force [X]

E 5

Employee #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[X] Male [ ] Female	H	Eastlake Juvenile Court	Bonus 1

Shift:		Age:	Height:	Weight:
[ ] EM [X] Day [ ] PM	[X] Regular Shift [ ] OT Shift [ ] Off Duty	[redacted]	600	185

		Coroner Case #	
[ ] Injured [ ] Treated [ ] Admitted	Hospital: ______		Directed Force [ ] Significant Force [X]

E 6

Employee #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[X] Male [ ] Female	H	Recruit Training Bureau	CARP in Department 203

Shift:		Age:	Height:	Weight:
[ ] EM [X] Day [ ] PM	[X] Regular Shift [ ] OT Shift [ ] Off Duty	[redacted]	511	215

		Coroner Case #	
[ ] Injured [ ] Treated [ ] Admitted	Hospital: ______		Directed Force [ ] Significant Force [X]

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[ ] Male [ ] Female			

Shift:		Age:	Height:	Weight:
[ ] EM [ ] Day [ ] PM	[ ] Regular Shift [ ] OT Shift [ ] Off Duty			

		Coroner Case #	
[ ] Injured [ ] Treated [ ] Admitted	Hospital: ______		Directed Force [ ] Significant Force [ ]

E_

Employee #	Last Name	First Name	Middle Name

Sex:	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
[ ] Male [ ] Female			

Shift:		Age:	Height:	Weight:
[ ] EM [ ] Day [ ] PM	[ ] Regular Shift [ ] OT Shift [ ] Off Duty			

		Coroner Case #	
[ ] Injured [ ] Treated [ ] Admitted	Hospital: ______		Directed Force [ ] Significant Force [ ]